

**MAP OF HOUSE AND ROOMS
POSTPARTUM**

SUBJECT ID LABEL

TODAY'S DATE: |__| |__| - |__| |__| - |__| |__| |__| |__|
mm dd yyyyASSESSMENT PERIOD:
1 ☐ 6-WEEK 2 ☐ 6-MONTH ☐ 12-MONTH

1. ON HOW MANY FLOORS DO YOU LIVE IN THIS HOUSE/APARTMENT? 1 2 3 4

MAIN (BOTTOM) FLOOR OF HOUSEBE SURE TO MARK PLACEMENT OF NICOTINE MONITOR ON MAP IF
APPLICABLE

HEIGHT IN FEET FROM FLOOR TO CEILING: 6 7 8 9 10 11 12 13 14

Room #	Name of Room	Length x Width	Room #	Name of Room	Length x Width

SECOND FLOOR OF HOUSE

BE SURE TO MARK PLACEMENT OF NICOTINE MONITOR ON MAP IF
APPLICABLE

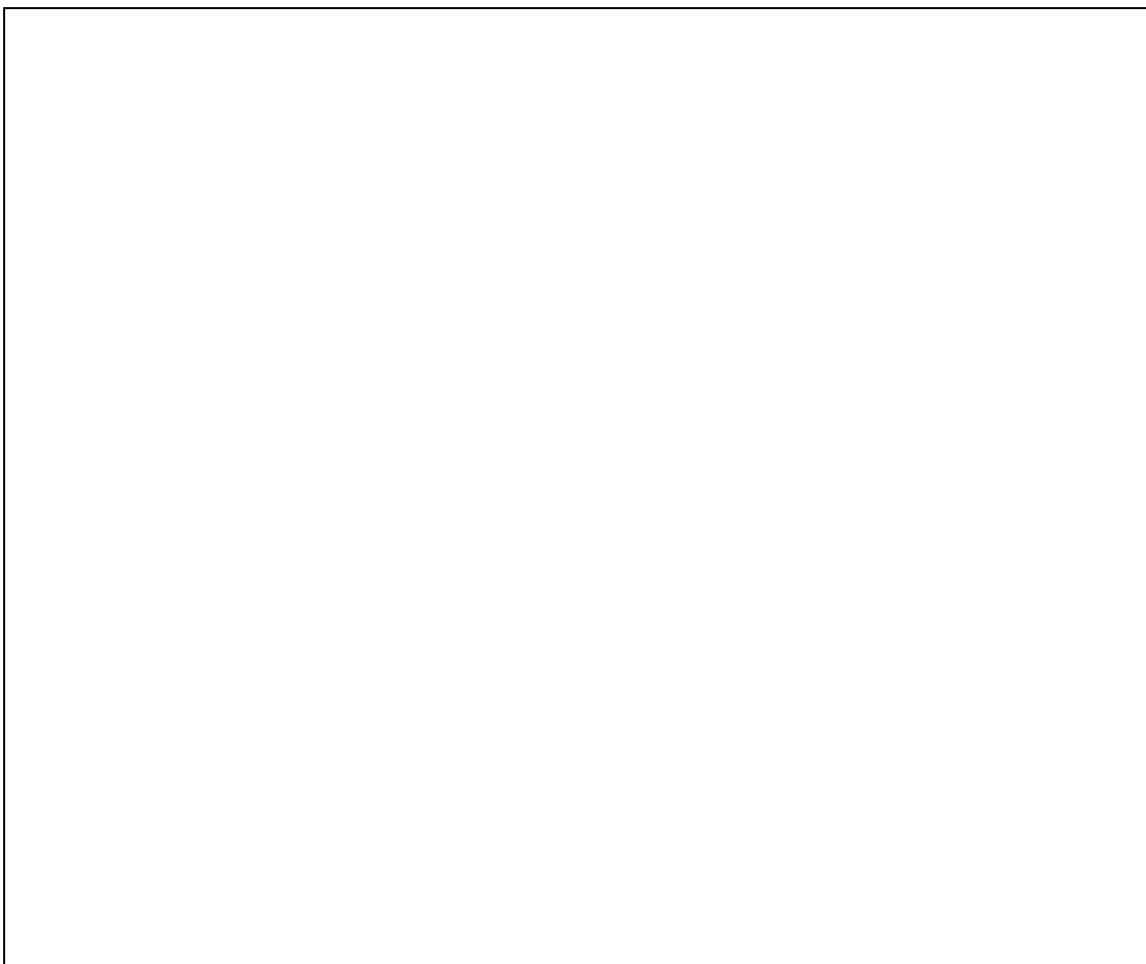


HEIGHT IN FEET FROM FLOOR TO CEILING: 6 7 8 9 10 11 12 13 14

Room #	Name of Room	Length x Width	Room #	Name of Room	Length x Width

THIRD FLOOR OF HOUSE

BE SURE TO MARK PLACEMENT OF NICOTINE MONITOR ON MAP IF
APPLICABLE

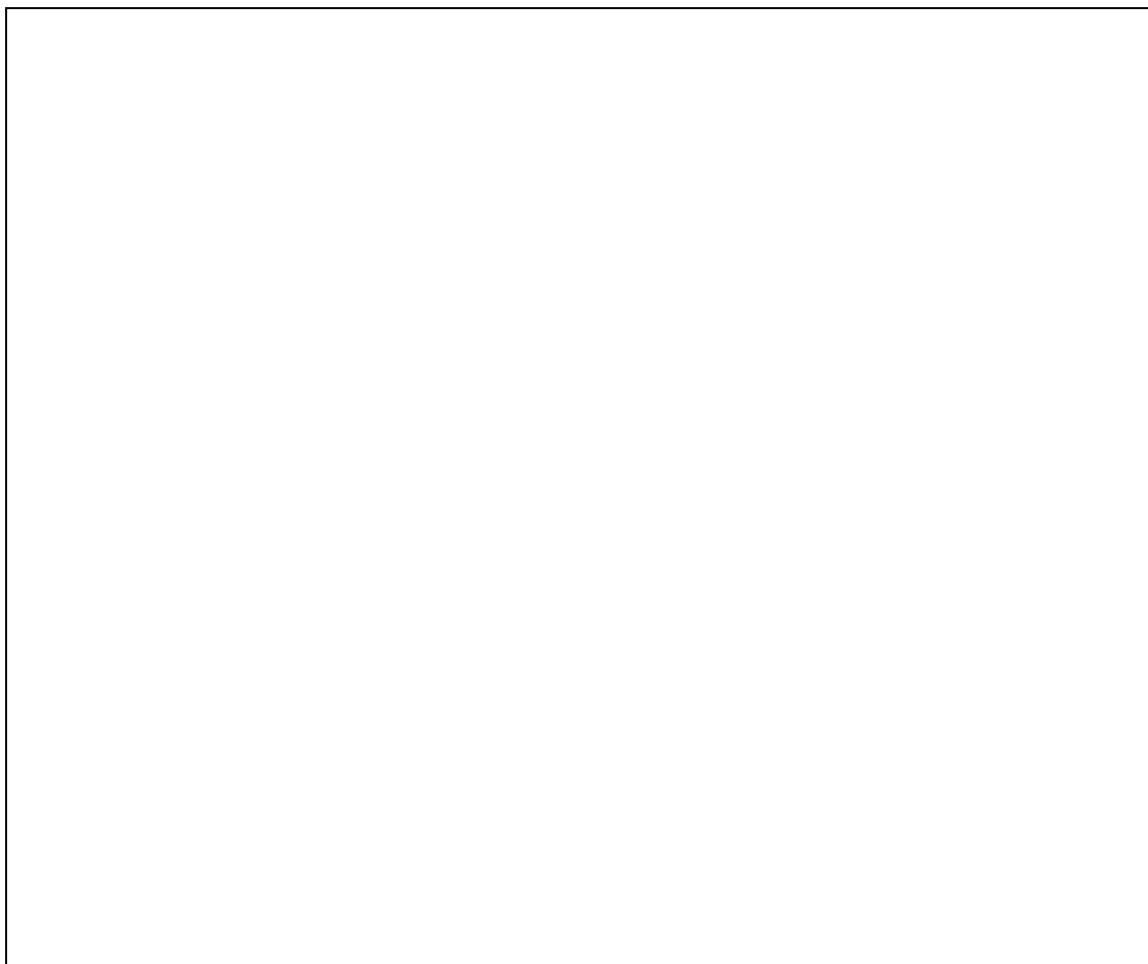


HEIGHT IN FEET FROM FLOOR TO CEILING: 6 7 8 9 10 11 12 13 14

Room #	Name of Room	Length x Width	Room #	Name of Room	Length x Width

FOURTH FLOOR OF HOUSE

BE SURE TO MARK PLACEMENT OF NICOTINE MONITOR ON MAP IF
APPLICABLE



HEIGHT IN FEET FROM FLOOR TO CEILING: 6 7 8 9 10 11 12 13 14

Room #	Name of Room	Length x Width	Room #	Name of Room	Length x Width